



RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2882

03560.002974

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)	
	:	Examiner: A. C. Ho
MAKOTO NOKITA)	
	:	Group Art Unit: 2882
Application No.: 10/035,154)	
	:	
Filed: January 4, 2002)	
	:	
For: RADIOGRAPHIC APPARATUS,)	
RADIOGRAPHIC METHOD, AND	:	
COMPUTER-READABLE STORAGE)	
MEDIUM	:	February 9, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

Sir:

In response to the Office Action dated December 22, 2003, please amend
the above-identified application, as follows:



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AF

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BOX AF

RESPONSE UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP 2882

In re Application of:

Docket No. 03560.002974

MAKOTO NOKITA

Application No.: 10/035,154

Examiner: A. C. Ho

Filed: January 4, 2002

Group Art Unit: 2882 ✓

For: RADIOGRAPHIC APPARATUS,
RADIOGRAPHIC METHOD, AND
COMPUTER-READABLE
STORAGE MEDIUM

Date: February 9, 2004

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

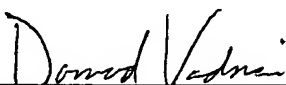
☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	5	MINUS	44	= 0	x \$9 \$18	\$ 0.00
INDEP. CLAIMS	1	MINUS	3	= 0	x \$42 \$84	\$ 0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$ 0.00

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____ month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Damond E. Vadnais
Registration No. 52,310

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